

CLAIMANT'S NAME Ruth Holton-Hodson			SSN or EMPLOYEE NUMBER*			DEPARTMENT State Controller's Office			
POSITION Deputy State Controller			CB/ID No.		DIVISION or BUREAU Executive			INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850			TELEPHONE NUMBER			
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		CITY Sacramento		STATE CA ZIP CODE 95814	

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED 0.510		
-----------------------	--	--	---	--	--	--	--	--

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
2/2		Sacramento							18.00		0.00		18.00	
2/3		Sacramento							12.00		0.00		12.00	
2/9		Sacramento							4.50		0.00		4.50	
											0.00		0.00	
3/9	1500-17/00	Sacramento - Burlingame	158.05						5.00	100.00	51.00		214.05	
3/10	1800-2000	Burlingame - Sacramento		6.00	10.00				5.00	100.00	51.00		72.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			158.05	6.00	10.00	0.00	0.00	0.00		44.50	200.00	102.00	0.00	320.55
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$320.55
--------------------	-----------------

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend various meetings in capacity as Deputy Controller, Health and Consumer Policy.	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
---	---

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE 	DATE 3-18-11	PAYMENT	DATE 21 Mar 11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE